FINANCIAL REPORT/FUND REQUEST (G-2)

WISCONSIN EMERGENCY MANAGEMENT

2400 Wright Street, PO Box 7865 Madison, WI 53707-7865

SEE INSTRUCTIONS ON INSTRUCTIONS TAB BEFORE COMPLETING FORM

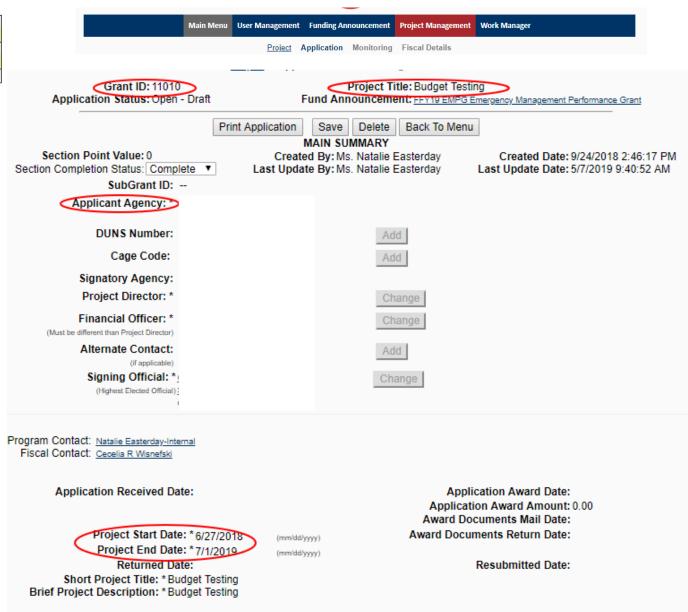
GRANTEE NAME (AS SHOWN ON	OBANT NAM	DD)	REPORT PERIOD				GRANTNUMBER				
GIANIEL IMME (AS SHOWN ON	ORANI AMA	riu)	XX/XX/XXXX	to	YYN	Y M Y Y Y					
PROJECT TITLE			AA/AA/AAAA	10	AAIA	N/N N N N	GRANTPERIOD				
							XX/XX/XXXX	to	XX/XX/XXX		
IS THIS THE FINAL REPORT FOR THIS GRANT?			YES	□ NO	0						
PART I: EXPENSES - REP	ORT ACTU	JAL E)	(PENSES								
	Colum	n1	Column 2		Colum	ın 3	Column 4	Column 5	Column 6		
BUDGET CATEGORIES	FED/OR S CURRE EXPENS	NT	FED/OR STATE EXPENSE S TO DATE		TO DA		(2 +3) EXPENSES TO DATE INCLUDING MATCH	APPROVED BUDGET INCLUDING MATCH	BALANCE		
PERSONNEL		0.00	0.00			0.00	0.00	0.00	\$ -		
EMPLOYEE BENEFITS		0.00	0.00			0.00	0.00	0.00	\$ -		
TRAVEL/TRAINING		0.00	0.00			0.00	0.00	0.00	\$ -		
EQUIPMENT		0.00	0.00			0.00	0.00	0.00	\$ -		
SUPPLIES/OPERATING		0.00	0.00			0.00	0.00	0.00	\$ -		
CONSULTANT S/CONTRACTUAL		0.00	0.00			0.00	0.00	0.00	\$ -		
OTHER		0.00	0.00			0.00	0.00	0.00	\$ -		
TOTAL	\$	-	\$ -	Π	\$	-	\$ -	\$ -	\$ -		
PART II: FUNDS REPORT AND REQUEST RECEIVED TO DATE REQUESTED]	PART III: PERSON RESPONSIBLE FOR G-2 COMPLET						
FED/OR STATE FUNDS	S	S -	1								
PART IV: GRANTEE CERTIFICATION I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND THAT ALL INFORMATION IS CONTAINED IN THE PERMANENT RISCAL RECORDS OF MY ORGANIZATION. ORIGINAL SIGNATURES OF BOTH THE PROJECT DIRECTOR AND FINANCIAL OFFICER MUST BE PROVIDED. MUST MATCH EGRANTS.											
SIGNATURE OF PROJECT DIRECTOR DATE SIGNATURE OF FINANCIAL OFFICER DATE											
SOMEONE OF PROCESS ENERGY BY ILL STORAGE OF THE BATE											
FOR WEM OFFICE USE ONLY:											
AMOUNT VOUCHERED					CODE						
DATE VOUCHERED				_	VO#						
CONDITIONS:	□YES [NO.									

G-2: How to complete

G-2

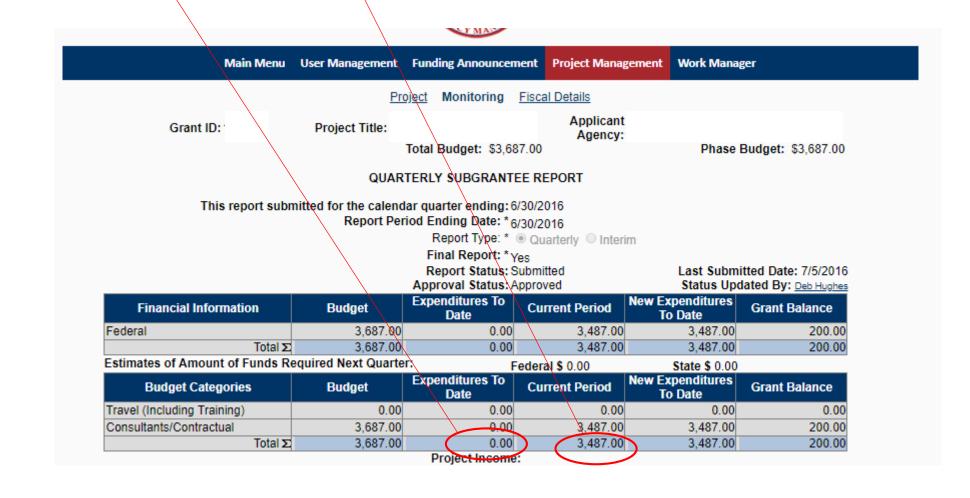
GRANTEE NAME (AS SHOWN ON GRANT AWARD)	REPORT PERIOD			GRANT NUMBER						
	XX/XX/XXXX	to	XX/XX/X	XXX						
PROJECT TITLE					GRANT PERIOD					
					XX/XX/XXXX	to		XX/XX/XXXX		
IS THIS THE FINAL REPORT FOR THIS GRANT?	YES	□ N	10							

Main Summary Page



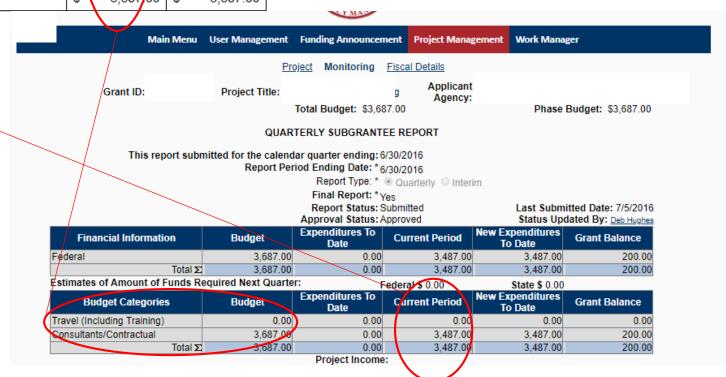
PART II: FUNDS REPORT AND REQUEST

	RECEIVED TO DATE	NOW REQUESTED
FED/OR STATE FUNDS	\$ -	\$ 3,487.00



PART I: EXPENSES - REPORT ACTUAL EXPENSES

	Column 1		Column 2	Column 3	Column 4		Column 5			Column 6	
BUDGET CATEGORIES		ED/OR STATE CURRENT EXPENSES	FED/OR STATE EXPENSES TO DATE	MATCH EXPENSES TO DATE (IF REQUIRED)	(2 + 3) EXPENSES TO DATE INCLUDING MATCH		APPROVED BUDGET INCLUDING MATCH			BALANCE	
PERSONNEL			0.00	0.00	0.00		0.0	þ	\$	-	
EMPLOYEE BENEFITS		0.00	0.00	0.00	0.00		0.0	d	\$	-	
TRAVEL/TRAINING		0.00	0.00	0.00	0.00		0.0	0	\$	-	
EQUIPMENT		0.00	0.00	0.00	0.00		0.0	0	\$	-	
SUPPLIES/OPERATING		0.00	0.00	0.00	0.00		0.0	0	\$	-	
CONSULTANTS/CONTRACTUAL		3,487.00	0.00	0.00	0.00		3,687.0	•	\$	3,687.00	
OTHER		0.00	0.00	0.00	0.00		0.0	0	\$	-	
TOTAL	\$	3,487,00	\$ -	\$ -	\$ -	\$	3,687 0	0	\$	3,687.00	



PART IV: GRANTEE CERTIFICATION

